## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Vote!	
	C C00473918
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Ambrosino Muir Hansan Crounse	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5500 Sansome Street	Amount
Suite 404	
City State Zip Code Washington DC 94111	119370.00 Transaction ID : VN7A7A44QH9
1 tabilington	Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse  Category/ Type 004	09 / 22 / 2016
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Patrick Toomey	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought  Disl 201	bursement For: Primary <b>X</b> General 6 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	T
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate Support Office	ice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dis	bursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	119370.00
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(a) TOTAL Independent Expanditures	
(c) TOTAL Independent Expenditures	119370.00
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Caroline Fines [Electronically Filed] Date	09 28 2016
Signature	